



Health Professionals Follow-Up Study

Dear Colleague,

Thank you for your longstanding participation in the Health Professionals Follow-Up Study. As you know, we are studying the determinants of long-term survival from prostate cancer. Through this study, we are gaining valuable insight about how diet and other factors can improve prognosis. **Please note that we have all of your original diagnosis information. The purpose of this mailing, as we do every couple of years, is to obtain new follow-up information regarding your prostate cancer. Even if nothing has changed, that information is still important to our study.**

We would greatly appreciate it if you could complete the enclosed questionnaire regarding your prostate cancer and return it to us in the envelope provided. We realize this is a lengthy questionnaire; please fill out whatever you can. Your participation is completely voluntary, and if you do not wish to participate in this study on prostate cancer survival, you will still be a valuable member of the Health Professionals Follow-Up Study. By participating, you will be making a key contribution to our understanding of prostate cancer, which may ultimately lead to strategies geared at prevention or cure. Please do not hesitate to call me or Dr. Lorelei Mucci at **617-998-1067** if you have any questions about the study.

Sincerely Yours,

Walter Willett

Walter C. Willett, M.D.
Principal Investigator

Lorelei Mucci, ScD.
Co-Principal Investigator



PLEASE USE AN ORDINARY NO. 2 PENCIL TO ANSWER ALL QUESTIONS.

Fill in the appropriate response circles completely, or write the requested information in the boxes provided. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses within the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

Please fill in the circles completely; do not mark this way:

31a. Mark all of the treatments you have had since January 2022 and provide the dates as best as you can.

Treatment/medication since January 2022 only	Start date or procedure date	End date or...	...Currently doing/taking?
Procedures	Year	Year	
1. <input type="radio"/> Radical prostatectomy		N/A	
2. <input checked="" type="radio"/> Radiation to the pelvis (external beam, proton beam, cyberknife, etc.)	2022		<input checked="" type="radio"/>
3. <input type="radio"/> Brachytherapy/seeds		N/A	<input type="radio"/>
4. <input type="radio"/> Cryosurgery/cryoablation		N/A	<input type="radio"/>
5. <input type="radio"/> High intensity focused ultrasound (HIFU)		N/A	<input type="radio"/>

The research team has great respect for your continued study participation, and therefore would like to remind you of several important points, as is standard practice in research. We do so in recognition of the fact that consent is an ongoing process rather than a one-time agreement. Please do not hesitate to contact us if you have any questions regarding this information.

- a. You are participating in a research study that focuses on what happens to men after a cancer diagnosis. Participation involves the completion of this questionnaire.
- b. Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.
- c. There is a small risk of breach of confidentiality; however we have taken many steps to minimize this risk, and in the 38 years of the study have never had a breach.
- d. Samples are sometimes shared with entities outside of Harvard as part of research collaborations; in such cases we use a separate ID number to ensure confidentiality.
- e. You will not receive monetary compensation for participating.
- f. There are no direct benefits to you from study participation.
- g. If you wish to speak with someone not directly involved in this research study about your rights as a research participant, please contact the Harvard TH Chan School of Public Health's Office for Human Research Administration at 617-432-2143 (local calls) or 866-606-0573 (long distance calls), or at: ohra@hsph.harvard.edu.
- h. If you have any questions regarding the study itself, please call the study Research Assistant at 617-435-0185.

THANK YOU FOR PREVIOUSLY PROVIDING VALUABLE INFORMATION RELATED TO YOUR PROSTATE CANCER. PLEASE NOTE THAT WE HAVE ALL OF YOUR ORIGINAL DIAGNOSIS INFORMATION. WE NOW SEEK TO UPDATE YOUR INFORMATION.

1. Since January 2022, have you had a recurrence or progression of your prostate cancer indicated by a rise in PSA?

- No - Continue to question 2
Yes - please complete question 1a:

1a. When did your PSA rise occur? Year

What was your highest PSA value during this rise?

2. Have you ever been diagnosed with prostate cancer metastases to lymph nodes, bone, or other organs?

- Yes
No - continue to question 3

If yes: Found at initial prostate cancer diagnosis (continue to question 3)
Found after prostate cancer diagnosis (please complete the box below)

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2a. At which site(s) were you found to have metastases? Please mark all that apply.

- Lymph nodes Date diagnosed: Month / Year
Bone Date diagnosed: Month / Year
Other organs, specify: Date diagnosed: Month / Year

Grid for office use only with columns for months (1-12) and years (Before 2022, 2022, 2023, 2024, 2025) and rows for question numbers (1-9).

3. Have you ever been told by your physician that you have castration-resistant prostate cancer?

- No
Yes If yes, what date? Month / Year

4. Did any of your siblings or children have cancer at one or more of the following sites? (Mark all that apply)

Table with columns for Prostate Cancer, Lung Cancer, Colon or Rectal Cancer, Melanoma, Breast Cancer, Pancreatic Cancer, Lymphoma and rows for Sister(s), Brother(s), Daughter(s), Son(s).

PLEASE TURN PAGE OVER

Grid for office use only with columns for months (1-12) and years (2024, 2025, 2026) and rows for question numbers (1-9).

5. How often have you practiced mindfulness and/or meditation in the last month?

- Never Less than twice a week 2-6 times/week Once a day More than once a day

5

6. How often have you practiced Yoga, Tai Chi or Qigong in the last month?

- Never Less than twice a week 2-6 times/week Once a day More than once a day

6

Please answer the following questions by darkening the appropriate circle. All questions are about your health and symptoms in the last month. Select one answer for each question.

7. How much of a problem has your urinary function been for you?

- No problem Very small problem Small problem Moderate problem Big problem

7

8. Which of the following best describes your urinary control?

- Total control Occasional dribbling Frequent dribbling No urinary control

8

9. How many pads or adult diapers per day have you been using for urinary leakage?

- None 1 pad per day 2 pads per day 3 or more pads per day

9

10. How large a problem, if any, has each of the following been for you?

	No problem	Very small problem	Small problem	Moderate problem	Big problem
Urinary dripping or leakage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or burning with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak urine stream/incomplete bladder emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need to urinate frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10

11. How large a problem, if any, has each of the following been for you?

	No problem	Very small problem	Small problem	Moderate problem	Big problem
Rectal pain or urgency of bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased frequency of your bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall problems with your bowel habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11

1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
4	4	4	4	4	4	4	4	4
8	8	8	8	8	8	8	8	8
P	P	P	P	P	P	P	P	P

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We realize that sexuality and sexual function are important for many men independent of age. Please answer the following questions as far as applicable to you. As always, your responses will remain confidential.

12. How would you rate your ability to reach orgasm (climax)?

- Very good Good Fair Poor Very poor to none

13. How would you describe the usual quality of your erections?

- Firm enough for intercourse Firm enough for masturbation and foreplay only Not firm enough for any sexual activity None at all

14. Overall, how large a problem has your sexual function or lack of sexual function been for you?

- No problem Very small problem Small problem Moderate problem Big problem

15. Have you used any of the following erectile dysfunction medications or treatments?

Name of Medication/Treatment	Started course before 2022	2022	2023	2024	2025	Currently taking
<input type="radio"/> None						
<input type="radio"/> Viagra, Levitra, Cialis (sildenafil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Intraurethral/penile injectable medications; Vacuum devices; penile prosthesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Testosterone replacement therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How large a problem, if any, has each of the following been for you during the last month?

	No problem	Very small problem	Small problem	Moderate problem	Big problem
Hot flashes or breast tenderness/enlargement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. During the past week:

	Not at All	A Little	Quite a Bit	Very Much
Have you had difficulty remembering things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your physical condition or medical treatment interfered with your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your physical condition or medical treatment interfered with your social activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your physical condition or medical treatment caused you financial difficulties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In the past month, how often did you feel that you lack companionship?

- Hardly ever Some of the time Often

19. In the past month, how often did you feel left out?

- Hardly ever Some of the time Often

20. In the past month, how often did you feel isolated from others?

- Hardly ever Some of the time Often

1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
4	4	4	4	4	4	4	4	4
8	8	8	8	8	8	8	8	8
P	P	P	P	P	P	P	P	P

21. For each question, please mark the <u>one</u> answer that comes closest to the way you have been feeling.	Not at All	A Little	Quite a Bit	Very Much
Do you have any trouble doing strenuous activities like carrying heavy shopping bags or a suitcase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any trouble taking a long walk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any trouble taking a short walk outside the house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you need to stay in bed or a chair during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you need help with eating, dressing, washing yourself or using the toilet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the <u>past week</u> :	Not at All	A Little	Quite a Bit	Very Much
Were you limited in doing either your work or other daily activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you limited in pursuing your hobbies or other leisure activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you short of breath?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had bone pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you need rest?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had trouble sleeping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt weak?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you lacked appetite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt nauseated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you vomited?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been constipated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had diarrhea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did pain interfere with your daily activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had difficulty in concentrating on things, like reading a newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel tense?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, please select the number between 1 and 7 that best applies to you.

23. How would you rate your overall health during the past week?

- 1 Very Poor
 2
 3
 4
 5
 6
 7 Excellent

23

24. How would you rate your overall quality of life during the past week?

- 1 Very Poor
 2
 3
 4
 5
 6
 7 Excellent

24

25. This question asks how well you have slept in the past 4 weeks.	No, not in the past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
Did you have trouble falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you wake up several times at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you wake up earlier than you planned to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have trouble getting back to sleep after you woke up too early?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25

26. Overall, how would you describe your typical night's sleep during the past 4 weeks?

- Very sound or restful
 Sound and restful
 Average quality
 Restless
 Very restless

26

27. In the past 12 months, have you used any cannabis product for medicinal or recreational purposes? (smoke, vape, edibles, creams/lotions, etc.)

- No
 Yes, containing CBD only
 Yes, containing THC
 Prefer not to answer

27

28. Indicate how frequently these situations have ever been true for you.	Not at All	Rarely	Sometimes	Often
I have been so anxious about my PSA test that I have thought about delaying it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been so worried about my PSA test that I have thought about asking my doctor to repeat it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been so concerned about my PSA test result that I have thought about having the test repeated at another lab to make sure they were accurate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28

29. Listed are a number of statements concerning a person's beliefs about their own health. In thinking about the past week, please indicate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Because cancer is unpredictable, I feel I cannot plan for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My fear of having cancer getting worse gets in the way of my enjoying life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of my cancer getting worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more nervous since I was diagnosed with prostate cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29

30. Have you ever had any treatment for your prostate cancer?

- No
- Yes
- Active Surveillance / Watchful Waiting Only

31. Since January 2022, have you had any treatment or medications for your prostate cancer?

- No
- Yes – please fill out the following table (31a)

31a. Please mark all of the treatments that you have had since January 2022.

	Dates of Treatment (Year)		...currently doing/taking?
	Start	End	
Procedures	Year	Year	
1. <input type="radio"/> Radical prostatectomy		N/A	
2. <input type="radio"/> Radiation to the pelvis (external beam, proton beam, cyberknife, etc.)			<input type="radio"/>
3. <input type="radio"/> Brachytherapy/seeds		N/A	<input type="radio"/>
4. <input type="radio"/> Cryosurgery/cryoablation		N/A	<input type="radio"/>
5. <input type="radio"/> High intensity focused ultrasound (HIFU)		N/A	<input type="radio"/>
Oral medications	Year	Year	
6. <input type="radio"/> Casodex (bicalutamide), Eulexin (flutamide)			<input type="radio"/>
7. <input type="radio"/> Estrogens and DES			<input type="radio"/>
8. <input type="radio"/> Nilandron (nilutamide)			<input type="radio"/>
9. <input type="radio"/> Zytiga (abiraterone)			<input type="radio"/>
10. <input type="radio"/> Xtandi (enzalutamide)			<input type="radio"/>
11. <input type="radio"/> Lynparza (olaparib)			<input type="radio"/>
12. <input type="radio"/> Erleada (apalutamide)			<input type="radio"/>
13. <input type="radio"/> Nubeqa (darolutamide)			<input type="radio"/>
14. <input type="radio"/> Rubraca (rucaparib)			<input type="radio"/>
15. <input type="radio"/> Zejula (niraparib)			<input type="radio"/>
16. <input type="radio"/> Talzenna (talazoparib)			<input type="radio"/>
17. <input type="radio"/> Orgovyx (relugolix)			<input type="radio"/>
Injections/implants/infusions	Year	Year	
18. <input type="radio"/> Lupron/Eligard/Viadur (leuprolide)			<input type="radio"/>
19. <input type="radio"/> Zoladex (goserelin)			<input type="radio"/>
20. <input type="radio"/> Trelstar (triptorelin)			<input type="radio"/>
21. <input type="radio"/> Plenaxis (abarelix)			<input type="radio"/>
22. <input type="radio"/> Firmagon (degarelix)			<input type="radio"/>
23. <input type="radio"/> Vantas (histrelin)			<input type="radio"/>
24. <input type="radio"/> Zometa (zoledronic acid)			<input type="radio"/>
25. <input type="radio"/> Xgeva (denosumab)			<input type="radio"/>
26. <input type="radio"/> Jevtana (cabazitaxel)			<input type="radio"/>
27. <input type="radio"/> Taxotere (docetaxel)			<input type="radio"/>
28. <input type="radio"/> Provenge (sipuleucel-T)			<input type="radio"/>
29. <input type="radio"/> Xofigo (Radium-223)			<input type="radio"/>
30. <input type="radio"/> Pluvicto (¹⁷⁷ Lu-PSMA-617)			<input type="radio"/>
31. <input type="radio"/> Keytruda (pembrolizumab)			<input type="radio"/>
32. <input type="radio"/> OTHER, specify: _____			<input type="radio"/>

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Treatment Code:
 1 2 3 4 5 6 7 8 9 T
 10 11 12 13 14 15 16 17 18
 19 20 21 22 23 24 25 26 27
 28 29 30 31 32

Start year:
 Before 2022
 2022 2023
 2024 2025

End year:
 2022 2023
 2024 2025

Treatment Code:
 1 2 3 4 5 6 7 8 9 T
 10 11 12 13 14 15 16 17 18
 19 20 21 22 23 24 25 26 27
 28 29 30 31 32

Start year:
 Before 2022
 2022 2023
 2024 2025

End year:
 2022 2023
 2024 2025

Treatment Code:
 1 2 3 4 5 6 7 8 9 T
 10 11 12 13 14 15 16 17 18
 19 20 21 22 23 24 25 26 27
 28 29 30 31 32

Start year:
 Before 2022
 2022 2023
 2024 2025

End year:
 2022 2023
 2024 2025

Thank you for your participation!

Please return form to:
HSPH, 665 Huntington Ave.,
Boston, MA 02215

1 1 1 1 1 1 1 1
 2 2 2 2 2 2 2 2
 4 4 4 4 4 4 4 4
 8 8 8 8 8 8 8 8
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